

FILED

FEB - 4 2008

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY *RM* DEPUTY

E-Filed

08CN0235 BTM (POR)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

DIAZ, GATES, ET AL.,

Plaintiff,

vs.

CARROLL; NATMAN; ET AL.,

Defendant.

C 08

0042

CASE NO.

JSW

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

(PR)

I, Q. DIAZ GATES-NGUYEN, declare, under penalty of perjury that I am ^{ONE OF} the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief. *OUR PLAINTIFFS ARE STUDENTS SURVIVING ON RESEARCH GRANTS.*

In support of this application, I provide the following information:

1. Are you presently employed? Yes * No

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \$1.00 PER YEAR Net: \$1.00 PER YEAR + STOCK OPTIONSEmployer: MICROSOFT INVESTMENT CLUBS, INC MISSION IMPOSSIBLE COUNCIL (MIC)
1 MICROSOFT WAY, REDMOND, WA 98052 402 WEST BROADWAY #4100
BOX 911, LA JOLLA, CA 92037 S.D. CA 92101-0121REGISTERED 2003 WITH CA
SECRETARY OF STATE

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 N/A
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ____ No X
 10 self employment
 11 b. Income from stocks, bonds, Yes ____ No X
 12 or royalties?
 13 c. Rent payments? Yes ____ No X
 14 d. Pensions, annuities, or Yes ____ No X
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ____ No X
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 N/A
 22 _____

23 3. Are you married? Yes X No ____

24 Spouse's Full Name: WIFE WAS LOST AT 2005 KATRINA'S FLOODS, HER BODY ON DEEP

25 Spouse's Place of Employment: FREEZE AS ONE PROOF WE WERE THERE WHILE Q4

26 Spouse's Monthly Salary, Wages or Income: TWIN BROTHER WAS AT CDCR FACILITY.

27 Gross \$ N/A Net \$ N/A

28 4. a. List amount you contribute to your spouse's support: \$ N/A

- 1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 N/A

- 6
- 7 5. Do you own or are you buying a home? Yes No X
 8 Estimated Market Value: \$ N/A Amount of Mortgage: \$ N/A
 9 6. Do you own an automobile? Yes No X
 10 Make N/A Year N/A Model N/A
 11 Is it financed? Yes N/A No N/A If so, Total due: \$ N/A
 12 Monthly Payment: \$ N/A
 13 7. Do you have a bank account? Yes No * (Do not include account numbers.)
 14 Name(s) and address(es) of bank: N/A
 15
 16 Present balance(s): \$ N/A
 17 Do you own any cash? Yes No * Amount: \$ N/A
 18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes No *
 20 N/A
 21 8. What are your monthly expenses?
 22 Rent: \$ N/A Utilities: N/A
 23 Food: \$ N/A Clothing: N/A
 24 Charge Accounts:
 25

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
<u>N/A</u>	\$ <u> </u>	\$ <u> </u>
<u>N/A</u>	\$ <u> </u>	\$ <u> </u>
<u>N/A</u>	\$ <u> </u>	\$ <u> </u>

 26
 27
 28

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

N/A

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes No *

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

N/A

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

2007 Nov. 20

DATE

QUGN FOR TWIN N. GARRUCHA GALLEGO

SIGNATURE OF APPLICANT

Case Number: C08-0042 JSW

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Q. DIAZ GATES-NGUYEN for the last six months
[prisoner name]
GEORGE BAREY DETENTION FACILITY where (s)he is confined (BOOKED AS GARRUCHO, N. G)
[name of institution]
I further certify that the average deposits each month to this prisoner's account for the
(1990 JAN. 1 TO 2007 NOV. 20)
most recent 6-month period were \$ 3.39 and the average balance in the prisoner's
account each month for the most recent 6-month period was \$ 3.39.

Dated: 2007 Nov. 20

C MART4SH, MARTINEZ

[Authorized officer of the institution]

3.39
6/20.36
18
23
18
56
54
20